

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044383 (5)

1. Corporation Name

DAWOOD CONSTRUCTION CORP.



Principal Place of Business

Mailing Address

8731 N 30 ST
#A
TAMPA FL 33604

8731 N 30 ST
#A
TAMPA FL 33604

3. Date Incorporated or Qualified
06/09/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 16107 RAVENDALE DR.
Suite, Apt. #, etc.

2a. Mailing Address
26 16107 RAVENDALE DR.
Suite, Apt. #, etc.

4. FEI Number
59-3251403

Applied For
Not Applicable

22
City & State
TAMPA, FL

27
City & State
TAMPA, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33618
Country HILLSBOROUGH

29 Zip 33618
Country HILLSBOROUGH

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAWOOD, DAVID
8731 N 30 ST
#A
TAMPA FL 33604

81 Name DAVID DAWOOD

82 Street Address (P.O. Box Number is Not Acceptable)
16107 RAVENDALE DR.

83

84 City TAMPA

FL 85 Zip Code 33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DAWOOD, DAVID
STREET ADDRESS 16107 RAVENDALE DR.
CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME GHALLY, SAMIRA
STREET ADDRESS 14017 WOLCOTT DR.
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE O
NAME DAWOOD, HANAN
STREET ADDRESS 16107 RAVENDALE DR.
CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Dawood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (813) 269-0441
Date Daytime Phone #

CR2E034 (12/95)